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**BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

In the Matter of the Statement of Issues  
Against:

**John Michael Pierce, M.D.  
5810 E. Ludlow Dr.  
Scottsdale, AZ 85254-3133**

**Physician's and Surgeon's  
Certificate No. C160121**

Respondent.

**Case No. 800-2017-031790**

**AGREEMENT FOR  
SURRENDER OF LICENSE**

**TO ALL PARTIES:**

**IT IS HEREBY STIPULATED AND AGREED** by and between the parties to the  
above-entitled proceedings, that the following matters are true:

1. Complainant, Kimberly Kirchmeyer, is the Executive Director of the Medical  
Board of California, Department of Consumer Affairs ("Board").

2. John Michael Pierce, M.D., ("Respondent") has carefully read and fully  
understands the effect of this Agreement.

3. Respondent understands that by signing this Agreement he is enabling the  
Board to issue this order accepting the surrender of license without further process.  
Respondent understands and agrees that Board staff and counsel for complainant may  
communicate directly with the Board regarding this Agreement, without notice to or  
participation by Respondent. The Board will not be disqualified from further action in this  
matter by virtue of its consideration of this Agreement.

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1           4.     Respondent acknowledges there is current disciplinary action against his  
2 license, that on July 20, 2017, a Statement of Issues was filed against him and on  
3 December 28, 2018, a Decision was rendered wherein a license was granted, immediately  
4 revoked, with the revocation stayed, and placed on five (5) years' probation with various  
5 standard terms and conditions.

6           5.     The current action provides in pertinent part, "Following the effective date of  
7 this Decision, if Respondent ceases practicing due to retirement, health reasons, or is  
8 otherwise unable to satisfy the terms and conditions of probation, Respondent may request  
9 voluntary surrender of Respondent's license." (Condition #19).

10           6.     Upon acceptance of the Agreement by the Board, Respondent understands  
11 he will no longer be permitted to practice as a physician and surgeon in California, and  
12 also agrees to surrender his wallet certificate, wall license and D.E.A. Certificate(s) for an  
13 address in California.

14           7.     Respondent fully understands and agrees that if Respondent ever files an  
15 application for relicensure or reinstatement in the State of California, the Board shall treat  
16 it as a Petition for Reinstatement of a revoked license in effect at the time the Petition is  
17 filed. In addition, any Medical Board Investigation Report(s), including all referenced  
18 documents and other exhibits, upon which the Board is predicated, and any such  
19 Investigation Report(s), attachments, and other exhibits, that may be generated subsequent  
20 to the filing of this Agreement for Surrender of License, shall be admissible as direct  
21 evidence, and any time-based defenses, such as laches or any applicable statute of  
22 limitations, shall be waived when the Board determines whether to grant or deny the  
23 Petition.  
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ACCEPTANCE

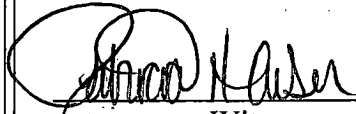
I, John Michael Pierce, M.D., have carefully read the above Agreement and enter into it freely and voluntarily, with the optional advice of counsel, and with full knowledge of its force and effect, do hereby surrender Physician's and Surgeon's Certificate No. C160121, to the Medical Board of California for its acceptance. By signing this Agreement for Surrender of License, I recognize that upon its formal acceptance by the Board, I will lose all rights and privileges to practice as a Physician and Surgeon in the State of California and that I have delivered to the Board my wallet certificate and wall license.



John Michael Pierce, M.D.,

2/5/19

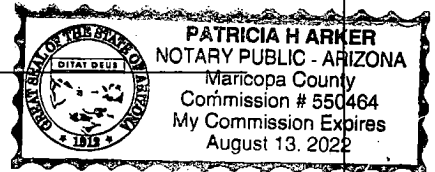
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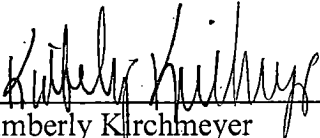


Attorney or Witness

2/5/19

Date





Kimberly Kirchmeyer  
Executive Director  
Medical Board of California

February 26, 2019

Date

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